PTO/SB/17 (10-07)
Approved for use through 06/30/2010. OMB 0651-0032
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Effective on	Complete if Known						
Fees pursuant to the Consolidated A		Application Number	10/821,0				
FEE TRANSMITTAL For FY 2008			Filing Date	April 8, 2004			
			First Named Inventor	Francisco Juarez			
			Examiner Name	Michael G. Miller			
Applicant claims small entity status. See 37 CFR 1.27			Art Unit	1709			
TOTAL AMOUNT OF PAYMENT (\$) 810.00			Attorney Docket No.	-	NOVE100041000		
METHOD OF PAYMENT (check all that apply)							
Check Credit Card Money Order None Other (please identify):							
Deposit Account Deposit Account Number: 04-0566 Deposit Account Name: DeLio & Peterson, LLC							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee							
Charge any additional fee(s) or underpayments of fee(s)							
under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card							
information and authorization on PTO-2038.							
FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
FI	LING FEES Small		RCH FEES EXA Small Entity	MINATIO Smal	N FEES I Entity		
	e (\$) Fee	(\$) Fee (\$) Fee (\$) Fee	(\$) Fe	e (\$)	Fees Paid (\$)	
Utility 3		5 510	255 21	0 10	05		
Design 22	0 10:	5 100	50 13	0 (- 55		
Plant 21	.0 105	310	155 16	0	- 30		
Reissue 31	.0 155	5 510	255 62	0 3	10 –		
Provisional 21	0 105	5 0	0	0	0 -		
2. EXCESS CLAIM FEES Small Entity Fee Description Fee (\$) Fee (\$)							
Each claim over 20 (including Reissues) 50 25							
Each independent claim over 3 (including Reissues) 210						105	
Multiple dependent claims 370						185	
<u>Total Claims</u> <u>Extr</u> 19/20pd 20 or HP =					Multiple Dependent Claims Fee (\$) Fee Paid (\$)		
HP = highest number of total claims					ree (v)	0	
	a Claims		Paid (\$)	_			
<u>2/3pd</u> - 3 or HP =x =0 HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50							
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)							
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Fees Paid (\$)							
Other (e.g., late filing surcharge): REQUEST CONTINUED EXAMINATION 810.00							
SUBMITTED BY							
Signature /	, 10		Registration No. (Attorney/Agent) 31,867	et i Tamana e and ridand anne metadori and fact.	Telephone 20	3-787-0595	
ame (Print/Type) Peter W. Peterson					Date 2008-02-13		
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This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/21 (04-07)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application Number 10/821,092 TRANSMITTAL Filing Date April 8, 2004 First Named Inventor FORM Francisco Juarez et al. Art Unit 1709 Examiner Name Michael G. Miller (to be used for all correspondence after initial filing) Attorney Docket Number NOVE100041000 Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance Communication to TC \checkmark Fee Transmittal Form Drawing(s) Appeal Communication to Board Licensing-related Papers Fee Attached of Appeals and Interferences Appeal Communication to TC 1 Petition (Appeal Notice, Brief, Reply Brief) Amendment/Reply Petition to Convert to a Proprietary Information After Final Provisional Application Power of Attorney, Revocation Status Letter Affidavits/declaration(s) Change of Correspondence Address Other Enclosure(s) (please Identify Terminal Disclaimer Extension of Time Request below): Request for Refund Express Abandonment Request CD, Number of CD(s) Information Disclosure Statement Landscape Table on CD Certified Copy of Priority Remarks Document(s) REQUEST FOR CONTINUED EXAMINATION Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name DeLio & Peterson, LLC Signature Printed name Peter W. Peterson Date Reg. No. February 13, 2008 31,867 CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: Signature

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